

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

(CFA-4)

Summary Sheet

State Form 4606 (R13/11-05)	4	Summa	ary Sheet				
Indiana Election Commission (IC 3-9-5-14)		FILE N	NUMBER				
INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form the legibly in BLACK INK all information on this form.	# 10 -5	,					
assistance in completing this form, see instructions on the reverse side.	mu.	0 19	NTIRE CFA-4 REPORT				
IC THE AN AMENDMENTS V	, 2 £1 .1		NINE CFA-4 REPORT				
IS THIS AN AMENDMENT?	UF COLLE	ats 2					
COMMITTEE INFORMATION							
Full Name of Committee (as on Statement of Organization) Check if this is a new r	name						
Jennifer Templeton for Hamilton County Treasurer							
2. Acronym or Abbreviated Name (if any)	3. Comr	mittee Telephone Number					
	(317) 374-0755	_ _				
4. Mailing Address (address where all campaign finance correspondence is received)	heck if this	s is a new address					
P.O. Box 913	_						
5. City, State, ZIP Code	1	6. Party Affiliation (if applicable)					
Cicero, IN 46034	Republi	_					
CANDIDATE INFORMATION (For Candidate's C	ommitte	es Only)					
7. Full Name of Candidate (include any nickname)	1	y Affiliation or If Independent Candidate					
Jennifer Templeton	Republi	Republican					
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Cou	unty of Residence					
Hamilton County Treasurer	Hamilto	n					
TYPE OF REPORT		CONVEN	TION CANDIDATES ONLY				
11. Check one:		Check on	e:				
Pre-Primary Pre-Election Annual Nomination Other		Pre-C	Convention				
Final/Disbands Committee (tines 18, 19, and 20 must be '0') Utgoing Treasurer (within 10 days amend Statement of	f Organization) Post-	Convention				
12. Reporting Period:		COLUMN A	COLUMN B				
From 01/01/2014 Through: 12/31/2014		This Period	Year to Date				
13. Cash on hand and investments at the beginning of this reporting period.		979.13	222.72				
14. Cash on hand and investments January 1, current year.			880.73				
CONTRIBUTIONS AND RECEIPTS							
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A)							
15b. Unitemized			_				
15c. Add lines 15a and 15b in both columns SUBTOTAL		0.00	0.00				
6. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL		979.13	880.73				
EXPENDITURES	IOIAL	919. 13	000.10				
(Note: These amounts include in-kind expenditures and loan repayments.)							
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		98.40	0.00				
17b. Unitemized							
	STOTAL	98.40	0.00				
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	880.73	880.73				
19. Debts OWED BY the committee (use Schedule D)							
20. Debts OWED TO the committee (use Schedule E)		37.00.81.80	O C				
		حصيع	T COMPANY O				
IFICATION FOR THE SOURCE THE SOUR							
OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.							

Treaswer.

Date

Date

1-15-15

1-15-15

-



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER					
Page	of				

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code HostGator.com	Website Host	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Website Maint Fee	83.40	83.40	8/26/14
Code A- HostGator.com	Website Host	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Website Domain Fee	15.00	98.40	9/2/14
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B		\$98.40			
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY		\$98.40			
(Enter total on ITEM 17a of the Summary Sheet)					